

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/16/2016
FORM APPROVED
OMB NO. 0938-0391

45th 7/23/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445126	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/08/2016
NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, SEQUATCHIE			STREET ADDRESS, CITY, STATE, ZIP CODE 360 DELL TRAIL, PO BOX 870 DUNLAP, TN 37327		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 441 SS=D	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p>	F 441			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 441	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to maintain 1 of 5 resident medical supply storage areas to ensure expired resident use supplies were disposed of properly.</p> <p>The findings included:</p> <p>Observation with Licensed Practical Nurse (LPN) #1, on 6/7/16 at 2:45 PM, in the Unit 2 Central Supply Room, revealed 1 suction catheter tray with chimney valve (used to suction sputum) dated 3/2016 (expired), 11 safety lock vacutainer (used to draw blood) dated 3/2016 (expired), 42 Intravenous (IV) catheters dated 1/2016 (expired), 7 IV catheters dated 2/2016 (expired), and 21 IV catheters dated 2/2015 (expired).</p> <p>Interview with LPN #1, on 6/7/16 at 2:50 PM, in the Unit 2 Central Supply Room, confirmed all items were expired and available for resident use. Continued interview revealed all of the items should have been discarded.</p>	F 441	<ol style="list-style-type: none"> 1. All expired medical resident supplies have been removed and destroyed. 2. All medical resident supplies have been checked and expired items removed and destroyed. 3. Central Medical Clerk will check all supplies quarterly and remove those items that will expire in the next quarter. 4. The Resident Care Coordinators for each unit will perform random monthly audits and report results to Quality Assurance Committee for 6 months or until there is 100% compliance. 	6/30/16	